

MULTI-DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/519102

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12	1		1			
13	1		1			
14	1		1			
15	3		1			
16	1		1			
17	1		1			
18	1		1			
19	1		1			
20	1		1			
21	1					
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49						
50						
TOTAL IND.	3	↓	3	↓		↓
TOTAL DEP.	21	←	15	←		←
TOTAL CLAIMS	24		22			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.						↓
TOTAL DEP.						↓
TOTAL CLAIMS						↓